



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

10/15/91

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NYD065941981

FACILITY NAME -> VACUUM INSTRUMENT CORP

MAILING ADDRESS -> 2099 NINTH AVE
RONKONKOMA, NY 11779

INSTALLATION ADDRESS -> 2099 NINTH AVE
RONKONKOMA, NY 11779

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
26 FEDERAL PLAZA
NEW YORK, NEW YORK 10278

ATTN: PERMITS ADMINISTRATION BRANCH, ROOM 505

TO: CRESS, ROBERT
SUPV
VACUUM INSTRUMENT CORP
2099 NINTH AVE
RONKONKOMA, NY 11779

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITYINSTALLATION'S EPA
I.D. NO.I. NAME OF IN-
STALLATIONII. INSTALLA-
TION
MAILING
ADDRESS

PLEASE PLACE LABEL IN THIS SPACE

III. LOCATION
OF INSTAL-
LATION

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED
(yr., mo., & day)

F NYD065941981 1 861222

I. NAME OF INSTALLATION

VACUUM INSTRUMENT CORP

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

3 2099 NINTH AVE

CITY OR TOWN

ST.

ZIP CODE

4 RONKONKOMA NY 11779

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

5

CITY OR TOWN

ST.

ZIP CODE

6

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

2 MITCHELL MAUSHAU 516-737-0900

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8 JOHN SCHREINER

B. TYPE OF OWNERSHIP
(enter the appropriate letter into box)

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

F = FEDERAL
M = NON-FEDERAL☒ A. GENERATION☐ B. TRANSPORTATION (complete item VII)☐ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☐ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

C. INSTALLATION'S EPA I.D. NO.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

	1		2		3		4		5		6
	Fool										
	23 - 26		23 - 26		23 - 26		23 - 26		23 - 26		23 - 26
	7		8		9		10		11		12
	23 - 26		23 - 26		23 - 26		23 - 26		23 - 26		23 - 26

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

31	32	33	34	35	36
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

☐ 1. IGNITABLE (D001) ☐ 2. CORROSIVE (D002) ☐ 3. REACTIVE (D003) ☒ 4. TOXIC (D000)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME & OFFICIAL TITLE (type or print)

DATE SIGNED

Mitchell M. ...
EPA Form 8700-12 (6-80) REVERSE

PURCHASING AGENT

12/17/86

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

**EPA**

Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

91 SEP 11 AM 11:33

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)☒ A. First Notification☐ B. Subsequent Notification
(complete item C)

C. Installation's EPA ID Number

NY 065941981

II. Name of Installation (Include company and specific site name)

VACUUM INST CORP

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

2099 NINTH AVE

Street (continued)

City or Town

RONKONKOMA

State

NY

ZIP Code

11779

County Code

SUF

County Name

SUFFOLK

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

2099 NINTH AVE

City or Town

RONKONKOMA

State

NY

ZIP Code

11779

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

CRESS

(first)

ROBERT

Job Title

SUPERVISOR

Phone Number (area code and number)

516-737-0900

VI. Installation Contact Address (See Instructions)A. Contact Address
Location Mailing☒

B. Street or P.O. Box

City or Town

State

ZIP Code

VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

VACUUM INST. CORP

Street, P.O. Box, or Route Number

2099 NINTH AVE

City or Town

RONKONKOMA

State

NY

ZIP Code

11779

Phone Number (area code and number)

516-737-0900

B. Land Type

P

C. Owner Type

P

D. Change of Owner
Indicator

Yes

No

(Date Changed)
Month Day Year

2/26/91 Duplicate application. Using form to update file. (B)

(Change) Contact, both street names, gen. waste codes, as shown.

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity

B. Used Oil Fuel Activities

1. Generator (See Instructions)
- ☒ a. Greater than 1000kg/mo (2,200 lbs.)
- ☐ b. 100 to 1000 kg/mo (220 - 2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes
- Mode of Transportation
- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify
3. Treater, Storer, Disposer (at installation)
Note: A permit is required for this activity; see instructions.
4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Burner - indicate device(s) - Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

1. Off-Specification Used Oil Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner - indicate device(s) - Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☒
2. Corrosive (D002) ☐
3. Reactive (D003) ☐
4. Toxic (D000) ☒
- (List specific EPA hazardous waste number(s) for the Toxic contaminant(s))
- F003 F005

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	8	9	10	11	12
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

ROBERT CRESS

Signature

Robert Cress

Name and Official Title (type or print)

SUPERVISOR - ASSEMBLY
& WELDING

Date Signed

Aug. 27, '91

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)



ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

NY0000041501

INSTALLATION ADDRESS

VACUUM INSTRUMENT CORPORATION
2099 NINTH AVENUE
ROCKONKOMA NY 11779
2099 NINTH AVENUE
ROCKONKOMA NY 11779

FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: March 21, 2016 - 11:30 AM

Version 5.0

User Selection Criteria

Location:	New York, all activities	Activity Location:	None Chosen
Handler ID:	NYD065941981	Group of IDs:	None Chosen
Handler Name:			
Handler Universe:	All Facilities Regardless of Universe		
Determined Date Range:	From: 10/01/1980 To: 03/21/2016		
Location County Code:	None Chosen	Evaluation Type:	
Location City:		Focus Area:	
Location Zip Code:		Violation Type:	
State District:	None Chosen	Display Code Descrip.:	Yes
Sort Order:	Region, State, Handler Name	Display Universes:	Yes

Results

Data meeting the criteria you selected follows.

Total Pages:6 Total Handlers:1

Report Description

This report presents available information from the Resource Conservation and Recovery Act Information System (RCRAInfo) about compliance evaluations, violations, and enforcement actions meeting the criteria supplied by the user. Evaluations showing no violations does not always indicate that no violations were determined. Violation without enforcement actions does not always mean no enforcement action will be issued. In order to avoid releasing enforcement sensitive information to the public the following information is not shown on the report: pending civil / judicial referrals, criminal actions and referrals, and State to EPA referrals; all other enforcement actions are released.

Report Information

Name: cme_foia.rdf
Developed by: EPA Headquarters, Office of Enforcement and Compliance Assurance
Deployed: June 2006
Last Updated: May 2012
Contact: rcrainfo.help@epa.gov
Tables Used: cmecomp3, ccitation3, hreport_univ5, lu_citation, lu_state, hid_groups
Libraries: none

FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: March 21, 2016 - 11:30 AM

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VACUUM INSTRUMENT CORP

County Name / Code: SUFFOLK / NY103

NYD065941981

Location: 2099 NINTH AVE; RONKONKOMA, NY 11779

REGION 02

Mailing: 2099 NINTH AVE; RONKONKOMA, NY 11779

Activity Location: NY	State District: NYSDEC R1	Accessibility:	Non-Notifier:	Extract Flag: Y	Active Site: Y
Generator: SQG	Transporter: N	Operating TSDF: -----	IC In Place: N	El Indicator (HE / GW): N / N	
Short-Term Gen: N	Transfer Facility: N	Offsite Receiver: N	HSM: N	Subpart K: ----	
Full Enforcement: -----	Converter: -----	State Unaddressed SNC: N	EPA Unaddressed SNC: N		
CA Wrkld: N	State TSDF: -----	State Addressed SNC: N	EPA Addressed SNC: N		
Active State Gen: N		State SNC w/Comp Sched: N	EPA SNC w/Comp Sched: N		

Violation:	Activity Location: NY	Type: 262.A	Determined Date: 08/07/2007	Determined by Agency: State	Responsible Agency: State
	Scheduled Compliance Date:		Actual Compliance Date: 09/25/2007	RTC Qualifier: DOCUMENTED	Sequence Number: 2
	Citation Information: Seq #	Type	Citation		
	1	STATE REGULATION	372.2(a)(2)		
CEI Evaluation	08/07/2007	Activity Location: NY	By: State	Identifier: 001	Person: NYAPL
Citizen Complaint: NO		Multimedia Inspection: NO	Sampling: NO	Not Subtitle C: NO	Day Zero: 08/07/2007
Found Violation: YES					Focus Area:
Enforcement:	Activity Location: NY	Type: 120	Action Date: 09/10/2007	Identifier: 002	
Docket:		Agency: State	Responsible Person: NYAPL	Branch: R1	
CA Component: N		Disposition Status: AS 10/18/07	Appeal Initiated:	Appeal Resolved:	

Violation:	Activity Location: NY	Type: 262.C	Determined Date: 08/07/2007	Determined by Agency: State	Responsible Agency: State
	Scheduled Compliance Date:		Actual Compliance Date: 09/25/2007	RTC Qualifier: DOCUMENTED	Sequence Number: 3
	Citation Information: Seq #	Type	Citation		
	2	STATE REGULATION	372.2(a)(8)(iii)(e)(2)(i)		
CEI Evaluation	08/07/2007	Activity Location: NY	By: State	Identifier: 001	Person: NYAPL
Citizen Complaint: NO		Multimedia Inspection: NO	Sampling: NO	Not Subtitle C: NO	Day Zero: 08/07/2007
Found Violation: YES					Focus Area:
Enforcement:	Activity Location: NY	Type: 120	Action Date: 09/10/2007	Identifier: 002	
Docket:		Agency: State	Responsible Person: NYAPL	Branch: R1	
CA Component: N		Disposition Status: AS 10/18/07	Appeal Initiated:	Appeal Resolved:	

Violation:	Activity Location: NY	Type: 265.C	Determined Date: 08/07/2007	Determined by Agency: State	Responsible Agency: State
	Scheduled Compliance Date:		Actual Compliance Date: 09/25/2007	RTC Qualifier: DOCUMENTED	Sequence Number: 4
	Citation Information: Seq #	Type	Citation		
	3	STATE REGULATION	373-3.3(g)(1)		
CEI Evaluation	08/07/2007	Activity Location: NY	By: State	Identifier: 001	Person: NYAPL
Citizen Complaint: NO		Multimedia Inspection: NO	Sampling: NO	Not Subtitle C: NO	Day Zero: 08/07/2007
Found Violation: YES					Focus Area:
Enforcement:	Activity Location: NY	Type: 120	Action Date: 09/10/2007	Identifier: 002	
Docket:		Agency: State	Responsible Person: NYAPL	Branch: R1	
CA Component: N		Disposition Status: AS 10/18/07	Appeal Initiated:	Appeal Resolved:	

* Note: Penalty amount may not reflect all violations cited.

FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: March 21, 2016 - 11:30 AM

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VACUUM INSTRUMENT CORP, NYD065941981, RONKONKOMA, NY, continued -

Violation:	Activity Location: NY	Type: 262.C	Determined Date: 08/07/2007	Determined by Agency: State	Responsible Agency: State
Scheduled Compliance Date:			Actual Compliance Date: 09/25/2007	RTC Qualifier: DOCUMENTED	Sequence Number: 5
Citation Information: Seq #	Type	Citation			
4	STATE REGULATION	372.2(a)(8)(i)(a)			
CEI Evaluation	08/07/2007	Activity Location: NY	By: State	Identifier: 001	Person: NYAPL
Citizen Complaint: NO		Multimedia Inspection: NO	Sampling: NO	Not Subtitle C: NO	Branch: R1
				Day Zero: 08/07/2007	Found Violation: YES
					Focus Area:
Enforcement:	Activity Location: NY	Type: 120	Action Date: 09/10/2007	Identifier: 002	
Docket:		Agency: State	Responsible Person: NYAPL	Branch: R1	
CA Component: N		Disposition Status: AS 10/18/07	Appeal Initiated:	Appeal Resolved:	
Violation:	Activity Location: NY	Type: 262.C	Determined Date: 08/07/2007	Determined by Agency: State	Responsible Agency: State
Scheduled Compliance Date:			Actual Compliance Date: 09/25/2007	RTC Qualifier: DOCUMENTED	Sequence Number: 6
Citation Information: Seq #	Type	Citation			
5	STATE REGULATION	372.2(a)(8)(iii)(d)			
CEI Evaluation	08/07/2007	Activity Location: NY	By: State	Identifier: 001	Person: NYAPL
Citizen Complaint: NO		Multimedia Inspection: NO	Sampling: NO	Not Subtitle C: NO	Branch: R1
				Day Zero: 08/07/2007	Found Violation: YES
					Focus Area:
Enforcement:	Activity Location: NY	Type: 120	Action Date: 09/10/2007	Identifier: 002	
Docket:		Agency: State	Responsible Person: NYAPL	Branch: R1	
CA Component: N		Disposition Status: AS 10/18/07	Appeal Initiated:	Appeal Resolved:	
Violation:	Activity Location: NY	Type: XXS	Determined Date: 08/07/2007	Determined by Agency: State	Responsible Agency: State
Scheduled Compliance Date:			Actual Compliance Date: 09/25/2007	RTC Qualifier: DOCUMENTED	Sequence Number: 7
Citation Information: Seq #	Type	Citation			
6	STATE REGULATION	373-3.9(d)(3)			
CEI Evaluation	08/07/2007	Activity Location: NY	By: State	Identifier: 001	Person: NYAPL
Citizen Complaint: NO		Multimedia Inspection: NO	Sampling: NO	Not Subtitle C: NO	Branch: R1
				Day Zero: 08/07/2007	Found Violation: YES
					Focus Area:
Enforcement:	Activity Location: NY	Type: 120	Action Date: 09/10/2007	Identifier: 002	
Docket:		Agency: State	Responsible Person: NYAPL	Branch: R1	
CA Component: N		Disposition Status: AS 10/18/07	Appeal Initiated:	Appeal Resolved:	
Violation:	Activity Location: NY	Type: XXS	Determined Date: 08/07/2007	Determined by Agency: State	Responsible Agency: State
Scheduled Compliance Date:			Actual Compliance Date: 09/25/2007	RTC Qualifier: DOCUMENTED	Sequence Number: 8
Citation Information: Seq #	Type	Citation			
7	STATE REGULATION	372.2(b)(2)(i)			
CEI Evaluation	08/07/2007	Activity Location: NY	By: State	Identifier: 001	Person: NYAPL
Citizen Complaint: NO		Multimedia Inspection: NO	Sampling: NO	Not Subtitle C: NO	Branch: R1
				Day Zero: 08/07/2007	Found Violation: YES
					Focus Area:

* Note: Penalty amount may not reflect all violations cited.

FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: March 21, 2016 - 11:30 AM

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VACUUM INSTRUMENT CORP, NYD065941981, RONKONKOMA, NY, continued -

Enforcement:	Activity Location: NY	Type: 120	Action Date: 09/10/2007	Identifier: 002
Docket:		Agency: State	Responsible Person: NYAPL	Branch: R1
CA Component: N		Disposition Status: AS 10/18/07	Appeal Initiated:	Appeal Resolved:
Violation:	Activity Location: NY	Type: XXS	Determined Date: 08/07/2007	Determined by Agency: State
	Scheduled Compliance Date:		Actual Compliance Date: 09/25/2007	RTC Qualifier: DOCUMENTED
	Citation Information: Seq #	Type	Citation	Responsible Agency: State
	8	STATE REGULATION	372.2(b)(2)(ii)	Sequence Number: 9
CEI Evaluation	08/07/2007	Activity Location: NY	By: State	Identifier: 001
Citizen Complaint: NO		Multimedia Inspection: NO	Sampling: NO	Person: NYAPL
			Not Subtitle C: NO	Branch: R1
			Day Zero: 08/07/2007	Found Violation: YES
				Focus Area:
Enforcement:	Activity Location: NY	Type: 120	Action Date: 09/10/2007	Identifier: 002
Docket:		Agency: State	Responsible Person: NYAPL	Branch: R1
CA Component: N		Disposition Status: AS 10/18/07	Appeal Initiated:	Appeal Resolved:
Violation:	Activity Location: NY	Type: 273.B	Determined Date: 08/07/2007	Determined by Agency: State
	Scheduled Compliance Date:		Actual Compliance Date: 09/25/2007	RTC Qualifier: DOCUMENTED
	Citation Information: Seq #	Type	Citation	Responsible Agency: State
	9	STATE REGULATION	374-3.2(f)	Sequence Number: 10
CEI Evaluation	08/07/2007	Activity Location: NY	By: State	Identifier: 001
Citizen Complaint: NO		Multimedia Inspection: NO	Sampling: NO	Person: NYAPL
			Not Subtitle C: NO	Branch: R1
			Day Zero: 08/07/2007	Found Violation: YES
				Focus Area:
Enforcement:	Activity Location: NY	Type: 120	Action Date: 09/10/2007	Identifier: 002
Docket:		Agency: State	Responsible Person: NYAPL	Branch: R1
CA Component: N		Disposition Status: AS 10/18/07	Appeal Initiated:	Appeal Resolved:
Violation:	Activity Location: NY	Type: 262.A	Determined Date: 11/14/1997	Determined by Agency: State
	Scheduled Compliance Date: 12/14/1997		Actual Compliance Date: 01/21/1998	RTC Qualifier: OBSERVED
	Citation Information: Seq #	Type	Citation	Responsible Agency: State
				Sequence Number: 1
CEI Evaluation	10/21/1997	Activity Location: NY	By: State	Identifier: 000
Citizen Complaint: NO		Multimedia Inspection: NO	Sampling: NO	Person: NYJFA
			Not Subtitle C: NO	Branch: R1
			Day Zero:	Found Violation: YES
				Focus Area:
Enforcement:	Activity Location: NY	Type: 120	Action Date: 11/14/1997	Identifier: 000
Docket:		Agency: State	Responsible Person: NYJFA	Branch: R1
CA Component: N		Disposition Status:	Appeal Initiated:	Appeal Resolved:

Total Number of Handlers: 1

Total Number of Activity Locations: 1

* End of Report *

* Note: Penalty amount may not reflect all violations cited.

FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: March 21, 2016 - 11:30 AM

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Description of codes used on the report:

Universes	Description of Universes
Generator	Indicates that the facility is a Large Quantity Generator (LQG), Small Quantity Generator (SQG), Conditionally Exempt Small Quantity Generator (CEG), or not a generator (N).
Transporter	Indicates that the facility Transports waste subject to RCRA regulations. ('Y' indicates that the facility is in this universe).
Operating TSDF	Indicates that the facility is a Treatment, Storage or Disposal facility subject to any type of enforcement. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
IC in Place	Indicates that the facility has Institutional Controls in place. ('Y' indicates that the facility is in this universe).
EI Indicator (HE / GW)	Indicates that the facility has controls in place for Environmental Indicators. HE - Human Exposures ('+' indicates the exposure exists and is under control; '-' indicates the exposure exists and is not under control; 'N' indicates the exposure does not exist) GW - Groundwater Release ('+' indicates the exposure exists and is under control; '-' indicates the exposure exists and is not under control; 'N' indicates the exposure does not exist)
Short-Term Gen	Indicates that the facility is a short term or one time event generator and not generating from ongoing processes.
Transfer Facility	Indicates that the facility transfers hazardous waste.
Offsite Receiver	Indicates that the facility, whether public or private, currently accepts hazardous waste from another site (site identified by a different EPA ID).
HSM	Indicates that the facility manages hazardous secondary material(s) (e.g. spent material, by-product or sludge) that when discarded, would be identified as hazardous waste.
Subpart K	Indicates that the facility has opted into the subpart K laboratory rule. It then specifies the type of facility (C - College or University; H - Teaching Hospital; N - Non-profit Research Institute; W - withdrawal from the rule)
Full Enforcement	Indicates that the facility is a Treatment, Storage or Disposal facility which is part of the Full Enforcement universe. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
CA Workload	Indicates that the facility is part of the Corrective Action Workload universe. ('Y' indicates that the facility is in this universe).
Active State Gen	Indicates that the facility is an Active State Generator. ('Y' indicates that the facility is in this universe).
Converter	Indicates that the facility is a Converter Treatment, Storage or Disposal facility. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
State TSDF	Indicates that the facility is a State Treatment, Storage or Disposal facility. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
State Unaddressed SNC	Indicates that the facility is a State Unaddressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
State Addressed SNC	Indicates that the facility is a State Addressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
State SNC w/ Compl. Sched	Indicates that the facility is a State Significant Non-Complier with a Compliance Schedule. ('Y' indicates that the facility is in this universe).
EPA Unaddressed SNC	Indicates that the facility is an EPA Unaddressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
EPA Addressed SNC	Indicates that the facility is an EPA Addressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
EPA SNC w/ Compl. Sched	Indicates that the facility is a EPA Significant Non-Complier with a Compliance Schedule. ('Y' indicates that the facility is in this universe).

* Note: Penalty amount may not reflect all violations cited.

FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

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Description of codes used on the report:

ACCESSIBILITY - indicates the reason why the handler is not accessible for normal RCRA tracking and processing (previously called Bankrupt Indicator):	
Code	Description
B	indicates that the handler has filed for bankruptcy and bankruptcy litigation is in process.
C	indicates that all RCRA responsibilities for permitting/closure, corrective action, and compliance monitoring and enforcement at the facility have been formally transferred to the CERCLA program or state equivalent.
F	indicates that all responsible parties (owners/operators) for the handler have fled the country or are otherwise not available for prosecution.
L	indicates that the handler's case is tied up in litigation to the extent that further progress in achieving RCRA compliance through normal enforcement is not possible.

NON-NOTIFIER - indicates that the handler has been identified through a source other than Notification and is suspected of conducting RCRA-regulated activities without proper authority:	
Code	Description
E	indicates that the handler was initially a non-notifier, subsequently determined to be exempt from requirements to notify.
O	indicates that the handler is a former non-notifier.
X	indicates that the handler is a non-notifier.

Violation Type	Description
262.A	GENERATORS - GENERAL
262.C	GENERATORS - PRE-TRANSPORT
265.C	TSD IS-PREPAREDNESS AND PREVENTION
273.B	UNIVERSAL WASTE - SMALL QUANTITY HANDLERS
XXS	STATE STATUTE OR REGULATION

Evaluation Type	Type Description
CEI	COMPLIANCE EVALUATION INSPECTION ON-SITE

Enforcement Type	Enforcement Description
120	WRITTEN INFORMAL

* Note: Penalty amount may not reflect all violations cited.